



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES



**Maximum Dosage Criteria for Authorization of
Non-Preferred Proton Pump Inhibitors**

Proton Pump Inhibitors	
Medication	High Dose/day
Dexlansoprazole	60MG
Esomeprazole	80MG
Lansoprazole*	60MG
Omeprazole*	80MG
Pantoprazole*	80MG
Rabeprazole	40MG

H2 Receptor Anatagonists	
Medication	High Dose/day
Cimetidine	800MG
Famotidine	40MG
Nizatidine	300MG
Ranitidine	300MG

*Preferred agent

References:

MicroMedex™ and Lexi-Comp™

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